


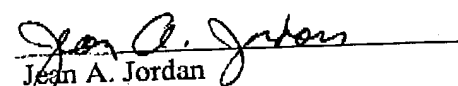
JUL 28. 2004 3:34PM ZPS GROUP LLC

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No. 5097 P. 11

OFFICIAL

AMENDMENT TRANSMITTAL LETTER				Attorney Docket No: GEMS8081.119		
Application Serial Number: 10/063,829		Filing Date: 5/16/2002		Examiner: Robinson, Daniel Leon		Art Unit: 3742
Invention: Whole Body MRI Scanning With Moving Table and Interactive Control						
TO THE COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	33	MINUS	27	6	\$18	\$ 108.00
INDEP. CLAIMS	7	MINUS	4	3	\$86	\$ 258.00
Petition is hereby made under 37 CFR 1.136(a) to extend the time for response to the Office Action of <u>5/12/2004</u> to and through _____, comprising an extension of the shortened statutory period of:						
<div style="display: flex; justify-content: space-between;"> <div> _____ one month (\$110.00) _____ two months (\$420.00) </div> <div> _____ three months (\$950.00) _____ four months (\$1,480.00) </div> </div>						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						
_____ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. _____ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. _____ A check in the amount of \$ _____ is attached. <input checked="" type="checkbox"/> Charge \$ 366.00 to Deposit Account <u>07-0845</u> . _____ No additional fee is required.						
<u>July 21, 2004</u> Date		 Timothy J. Zolowski Reg. No. 38,368				
I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, Mail Stop PCT, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on July 21, 2004.						
 Jean A. Jordan						